



**PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA**

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CHANGE OF NAME FORM

WALL CERTIFICATE AND WALLET RECEIPT

NOTE: If your wall certificate or wallet receipt was lost, stolen or destroyed DO NOT submit this form, complete and submit a Request for Duplicate form.

The Physician Assistant Committee may recognize a name change by a licensee if that name is now his/her new name for ALL purposes and if the change is not made for fraudulent purposes.

FEE: Return this completed form with the following a) the documents requested below b) \$20.00 processing fee

NEW NAME (PRINT OR TYPE)	FORMER NAME	TELEPHONE NUMBER
MAILING ADDRESS		LICENSE NUMBER
NUMBER	STREET	CITY
		STATE
		ZIP+4
CHANGE OF ADDRESS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, YOUR RECORDS WILL BE CHANGED		PA
DATE OF BIRTH		
NEW NAME ASSUMED BASED ON (CHECK ONE)		
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> NATURALIZATION		
<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____		

ATTACH TO THIS APPLICATION THE FOLLOWING DOCUMENTS AS APPLICABLE:

- ☐ COPY OF MARRIAGE CERTIFICATE ☐ COPY OF DISSOLUTION DECREE ☐ COPY OF COURT ORDER
☐ SELF-CERTIFIED STATEMENT ATTESTING TO THE FACT OF NAME CHANGE BY NATURALIZATION

You must apply to the Physician Assistant Committee for a duplicate wall certificate and wallet receipt which will reflect your new name.

Attach a 2 x 2 passport quality photograph of your head and shoulders taken within 60 days of the date of this application in the space provided.

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Committee, a duplicate of which is requested here.

I hereby certify that the name change is not made for fraudulent purposes and that the attached photograph was taken within 60 days of this application.

SIGNATURE

DATE



ATTACH PHOTOGRAPH HERE

2 X 2

PASSPORT QUALITY